

# Committee for Specialist International Medical Graduate Education (CSIMGE)

## SUBSTANTIAL COMPARABILITY PATHWAY

### Case based Discussion - Final Assessment Form



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

Name of candidate: \_\_\_\_\_

*Please ensure that you have submitted this form by email or fax BEFORE leaving the Case based Discussion assessment.*

Specialist International Medical Graduate Education EMAIL: [comparability@ranzcp.org](mailto:comparability@ranzcp.org) FAX: 03 9642 5652 or POST: 309 La Trobe St Melbourne VIC 3000

Grade code: **DNA** – Did Not Achieve **JB** – Just Below **A** – Achieve **S** – Surpass

	<i>Please tick the Grade code for each competency</i>	OVERALL GRADE	PATIENT CHARACTERISTICS
1. Clinical assessment	DNA <input type="checkbox"/> JB <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/>	<input type="checkbox"/> DNA <input type="checkbox"/> A	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient  Main Diagnosis: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Second Diagnosis: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
2. Management Plan: Treatment	DNA <input type="checkbox"/> JB <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/>	<i>Comments pertinent to remediation:</i>	
3. Management Plan: Collaboration	DNA <input type="checkbox"/> JB <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/>		
4. Communication	DNA <input type="checkbox"/> JB <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/>		
5. Professionalism	DNA <input type="checkbox"/> JB <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/>		
Signed by Assessor: _____  Signed by Candidate: _____ (to verify assessment took place)  Date:     /     /			